



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

March 27, 2008

Carl Hanson  
Minidoka Home Health Agency  
1224 Eighth Street  
Rupert, Idaho 83350

Dear Mr. Hanson:

This is to advise you of the findings of the Medicare survey at Minidoka Home Health Agency which was concluded on March 21, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **April 10, 2008**, and keep a copy for your records.

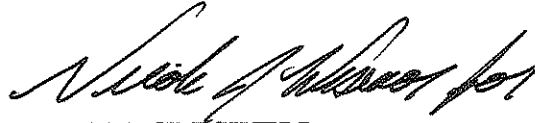
Carl Hanson  
March 27, 2008  
Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,



PATRICK HENDRICKSON  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

PH/mlw

Enclosures



MINIDOKA MEMORIAL HOSPITAL

MINIDOKA HOME HEALTH & HOSPICE

April 3, 2008

Joye Simpson, R.N., C.  
Minidoka Home Health Director

R E C E I V E D

Debra Ransom, R.N., R.H.I.T., Chief  
Bureau of Facility Standards  
P.O. Box 83720  
Boise, Idaho 83720-0036

APR 03 2008

FACILITY STANDARDS

Dear Ms. Ransom,

Attached is our Plan of Correction for our Home Health Survey which concluded on March 21, 2008. We appreciated the pleasant exchange of information with Patrick Henrickson, R.N., and Trish O'Hara, R.N, CNN. Both were professional and knowledgeable, offering assistance and instructions as needed.

If you have any questions in regard to the plan we have submitted, please call me. We appreciate the opportunity to work with you and your staff.

Sincerely,

Joye Simpson, R.N.,C.  
Minidoka Home Health Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>137062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/21/2008</b>
-----------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

**MINIDOKA HOME HEALTH AGENCY**

STREET ADDRESS, CITY, STATE, ZIP CODE

**1224 8TH STREET  
RUPERT, ID 83350**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000	INITIAL COMMENTS	G 000		
G 236	<p>The following deficiencies were cited during the Medicare recertification survey of your agency. Surveyors conducting the review were:</p> <p>Patrick Hendrickson, RN, HFS, Team Leader Patricia O'Hara, RN, HFS</p> <p>Acronyms used in this report:</p> <p>SOC = Start of Care</p> <p><b>484.48 CLINICAL RECORDS</b></p> <p>A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the agency failed to ensure the closed records of 6 of 6 patients (#s 2, 4, 7, 8, 10, and 12 ), who were transferred from the Home Health's services, included a discharge summary. The findings include:</p> <p>1. The Home Health agency's "Home Health Discharge" policy dated 11/14/05 stated, "...Purpose: To outline the procedure for discharging patients from Home Health." and</p>	G 236	<p><b>RECEIVED</b></p> <p><b>APR 03 2008</b></p> <p><b>FACILITY STANDARDS</b></p> <p>G236 Discharge Summaries have been completed on #2, 4, 7, 8, 10 &amp; 12. The Discharge Summary Policy &amp; Procedure was revised on 4/1/08 to include #5 &amp; #6 (see attached policy). The Discharge Summary Form was updated on 4/1/08 (see attached).</p> <p>Staff was inserviced on 4/2/08 on the revised Discharge policy and completing the Discharge form.</p> <p>The Home Health Director and Chart Auditor will monitor each record of discharged patients to assure that a Discharge Summary Form is completed.</p>	4/2/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Carl Hamner*

TITLE

*Administrator*

(X6) DATE

*4-2-08*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>MINIDOKA HOME HEALTH AGENCY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 8TH STREET RUPERT, ID 83350</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 236	<p>Continued From page 1</p> <p>"...The 'Minidoka Home Health Discharge Summary' form will be filled out..." The "Minidoka Home Health Discharge Summary" form included, a summary of care that was provided, identified problems, interventions, and the patient's current status. The agency failed to ensure that patients' closed clinical records included a discharge summary as follows:</p> <p>* Patient #4 was an 87 year old male. His S.O.C was 7/26/06 for Home Health Physical Therapy services. The patient was discharged on 3/21/07 following a fall and was subsequently admitted to the hospital. The patient's clinical record was reviewed on 3/19/08. The record did not contain a discharge summary.</p> <p>* Patient #7 was an 67 year old female. Her S.O.C was 6/11/07 for treatment of a decubitus ulcer. The patient was discharged on 9/17/07 following a fall and was subsequently admitted to the hospital. The patient's clinical record was reviewed on 3/20/08. The record did not contain a discharge summary.</p> <p>* Patient #10 was an 87 year old female. Her S.O.C was 11/1/07 for Home Health Physical Therapy services. The patient was discharged on 11/15/07 after she had passed away. The patient's clinical record was reviewed on 3/20/08. The record did not contain a discharge summary.</p> <p>On 3/20/08 at 2:10 PM, the Administrator confirmed that the above records did not contain a discharge summary.</p> <p>* Patient #12 was 66 year old male. His S.O.C was 11/1/06 for Home Health Physical Therapy services after a below the knee amputation. The</p>	G 236			

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G 236	<p>Continued From page 2</p> <p>patient was discharged on 2/7/07 following a wound infection and was subsequently admitted to the hospital. The patient's clinical record was reviewed on 3/21/08. The record did not contain a discharge summary.</p> <p>* Patient #2 was an 81 year old male. S.O.C. was 8/16/06. Current Certification period was 8/11/07 - 10/09/07. Admitting diagnoses included COPD and right foot ulcer. He was transferred to inpatient status on 8/19/07. He did not return to Home Health services. His record was reviewed on 3/19/08. There was no discharge summary on the patient chart.</p> <p>* Patient #8 was a 43 year old male. S.O.C. was 11/03/05. Current Certification period was 12/28/06 - 2/25/07. Admitting diagnoses included infantile quadriplegia and neurogenic bladder. He was transferred to an acute care hospital on 1/22/07 and did not return to Home Health services. His clinical record was reviewed on 3/20/08. There was no discharge summary on the patient chart.</p> <p>On 3/21/08 at 9:15 AM, the Administrator stated that she had not instructed the agency's employees to fill out the "Minidoka Home Health Discharge Summary" form for patients who were transferred. She said that she was unaware that a discharge summary needed to be completed on those types of patients.</p>	G 236			

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N 000	16.03.07 INITIAL COMMENTS  The following deficiencies were cited during the State recertification of your agency. Surveyors conducting the review were:  Patrick Hendrickson, RN, HFS, Team Leader Patricia O'Hara, RN, HFS	N 000	<div>RECEIVED</div> <div>APR 03 2008</div> <div>FACILITY STANDARDS</div>		
N 185	03.07031.CLINICAL REC.  N185 02. Contents. Clinical records must include:  k. A discharge summary.  This Rule is not met as evidenced by: Refer to Federal deficiency G236, as it relates to discharge summaries.	N 185		N 185 Refer to G2365	4/2/08

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

N3BU11

If continuation sheet 1 of 1